

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016048

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 313 Primary Registration District No. 3044 Registrar's No. 24

FILED APR 26 1962

1. PLACE OF DEATH a. COUNTY <u>Miller Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Eldon</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Eldon Motel</u>		d. STREET ADDRESS (If outside, give location) <u>105 Madison Street</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES LINCOLN BUSHMAN</u>		4. DATE OF DEATH Month Day Year <u>April 12, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-28-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired --- Road Construction</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Quincy, Illinois</u>	
11. BIRTHPLACE (City and state or country) <u>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Richard M. Bushman</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Bell Funk</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Roark Bushman</u>		17. INFORMANT <u>Mrs. Anna Bushman, 105 Madison, J.C., Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. ADDRESS <u>Mrs. Anna Bushman, 105 Madison, J.C., Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>obstructive emphysema and pulmonary fibrosis</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Centertown, Missouri</u>		20g. COUNTY <u>Jefferson City, Mo.</u>	
20h. STATE <u>Missouri</u>		20i. DATE RECD. BY LOCAL REG. <u>Apr. 25, 1962</u>	
20j. REGISTRAR'S SIGNATURE <u>Cliverella Walt</u>		20k. DATE SIGNED <u>4/13/62</u>	
21. I attended the deceased from <u>January 2, 1945</u> to <u>Feb 12, 1962</u> and last saw him alive on <u>Feb 10, 1962</u> Death occurred at <u>2.15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Centertown, Missouri</u>	
22b. ADDRESS <u>Centertown, Missouri</u>		22c. DATE SIGNED <u>4/13/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. & Bur.</u>		23b. DATE <u>Apr. 14, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hawthorn Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Victor Buescher</u>		25. ADDRESS <u>Jefferson City, Mo.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No permit issued (a.w.)